



STATE OF MARYLAND

DHMH

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July 03, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:26 **Reporting for the week ending 06/28/08 (MMWR Week #26)**

CURRENT HOMELAND SECURITY THREAT LEVELS

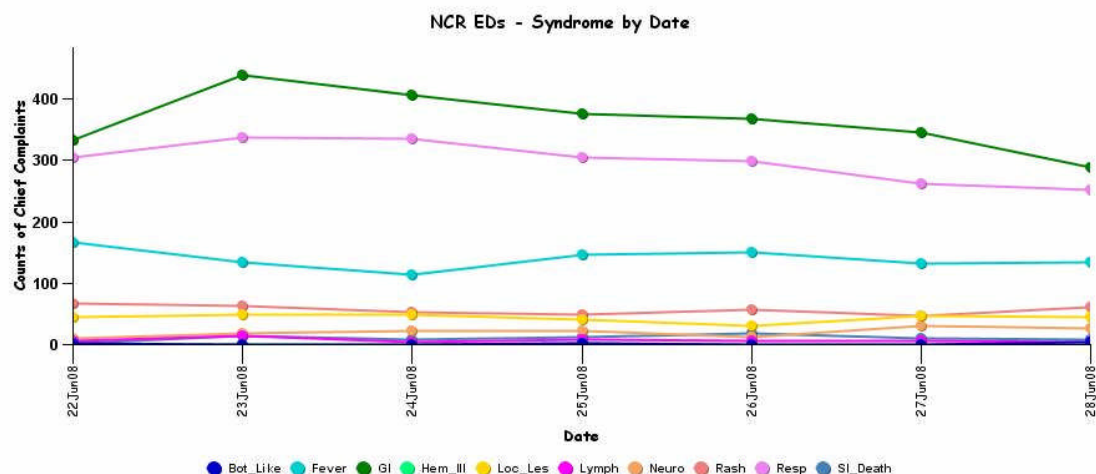
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

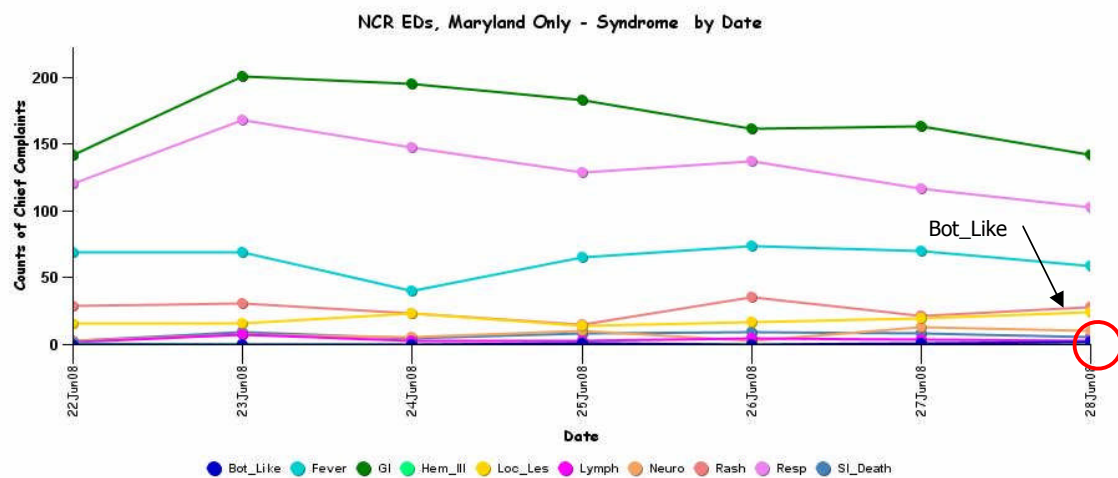
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

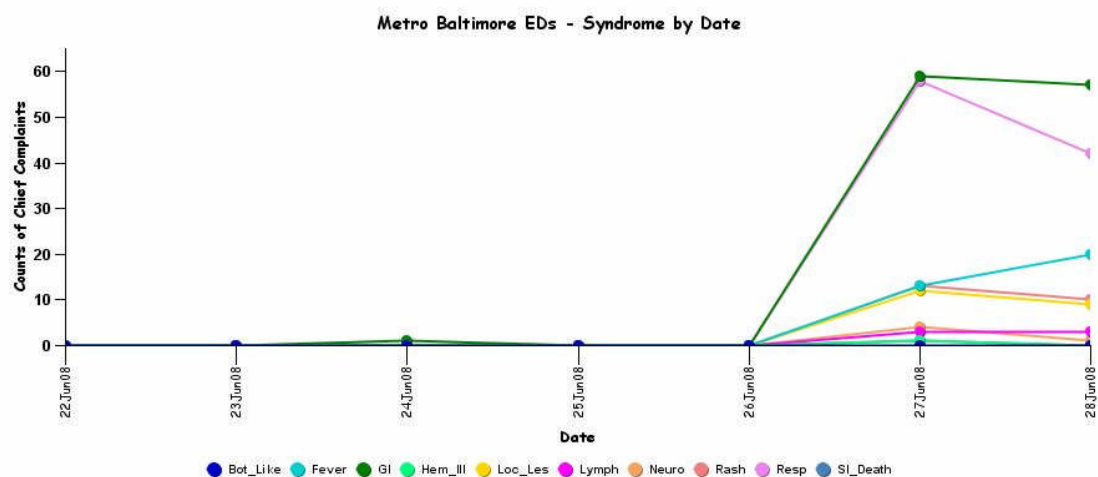
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system

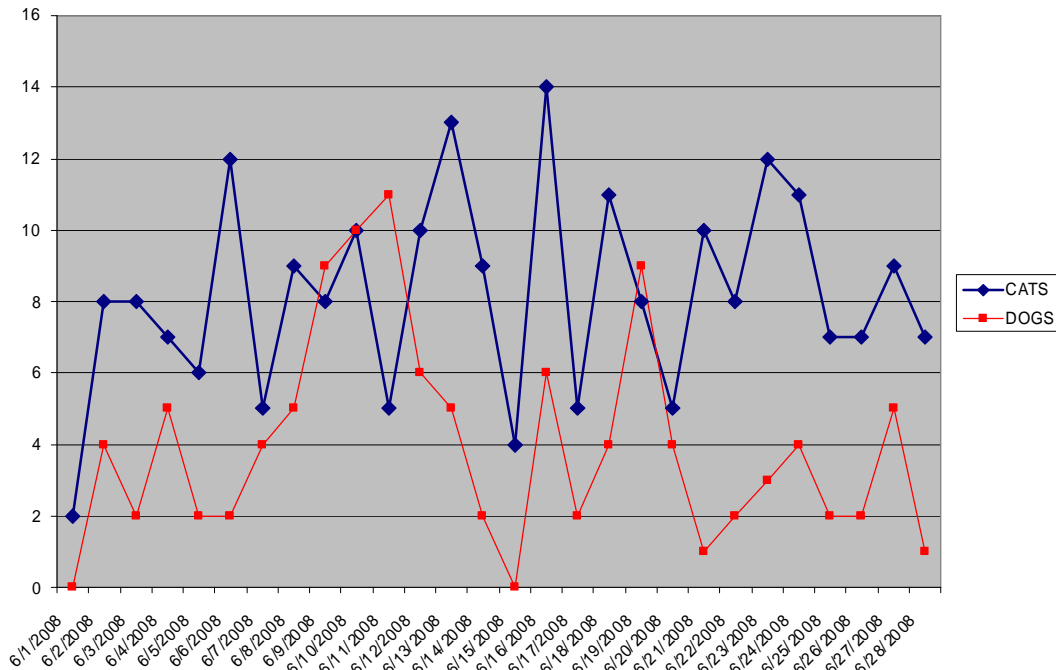


****NOTE: Data for Jun 22 - 26 not available at this time, due to temporary technical issues that are being addressed****

* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

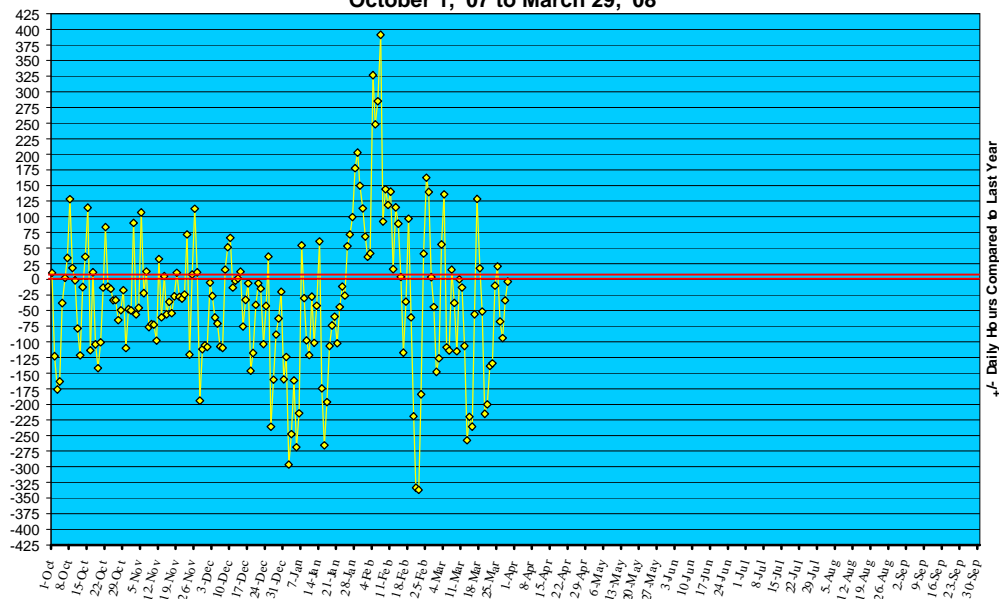


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (June 22 - 28, 2008):	11	0
Prior week (June 15 -21, 2008):	22	1
Week#25, 2007 (Jun 23 - 29, 2007):	17	0

OUTBREAKS: 1 outbreak was reported to DHMH during MMWR Week 26 (June 22-June 28, 2008):

1 Foodborne Gastroenteritis outbreak

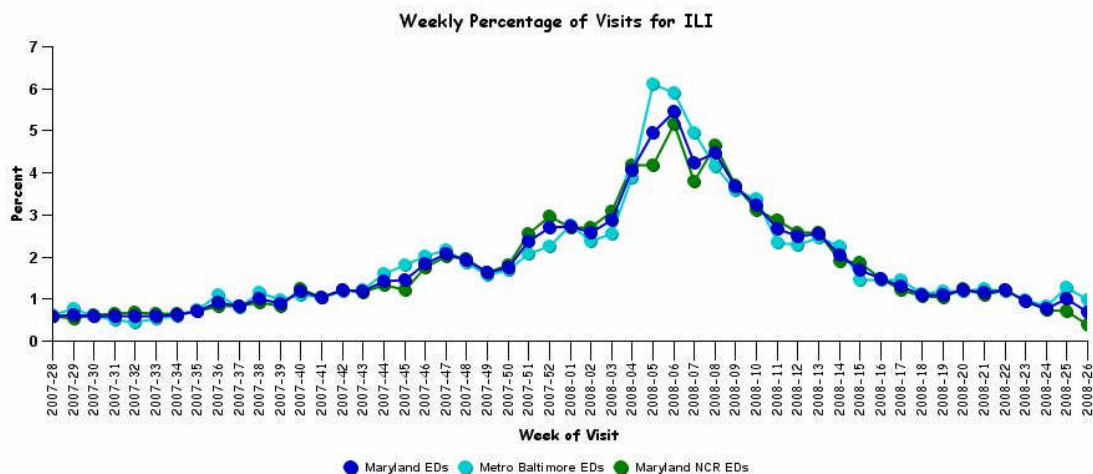
1 outbreak of FOODBORNE GASTROENTERITIS associated with a Private Home

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of June 19, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 385, of which 243 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA (Pakistan): 22 June 2008, Pakistani authorities reported a new outbreak of avian flu at a commercial poultry farm in the country's north west, killing thousands of birds, officials said. Tests conducted at a government-run laboratory in Islamabad confirmed the presence of the deadly H5N1 strain of bird flu at a farm in Swabi district, local livestock department chief Ibrahim Khan told AFP. "The virus was detected after the owner of the farm informed us on 21 June 2008 that some 4000 birds had died within the past few days," he said. "We got the confirmation on 21 June 2008, sealed the farm and culled around 2000 birds," he said. All workers on the affected farm were examined by the ministry of health but none was found to have been affected by the virus, he added. Local health officials are monitoring surrounding farms and advised them to take precautionary measures including vaccination of birds, he said. Pakistan's 1st H5N1 cases were detected in March 2006 at 2 chicken farms in North West Frontier Province, prompting consumer panic and a mass slaughter of birds at several sites. The virus resurfaced in early February last year among chickens in Rawalpindi, adjoining Islamabad, and in peacocks in the north western city of Mansehra. In February this year Pakistani officials sealed off several farms and culled around 10,000 chickens after an outbreak in the southern port city of Karachi.

NATIONAL DISEASE REPORTS:

ANTHRAX, BOVINE (NORTH DAKOTA): 26 Jun 2008. On 9 June 2008 a jugular blood sample from a bull near Portland, North Dakota, was submitted to the veterinary diagnostic laboratory at NDSU (North Dakota State University.) The bull had been vaccinated in April 2008 and turned out to pasture but did not receive a booster vaccine. According to the owner, a cow had died of anthrax on the same pasture the year prior. *Bacillus anthracis* was identified on a direct blood smear followed by culture. A 2nd case occurred on 18 June 2008 in a 2-year-old Hereford cow near Lisbon, ND. Gross post mortem revealed unclotted blood in the heart and a large, dark, and friable spleen. PCR analysis of liver and kidney swabs was positive for *B. anthracis*. The 1st half of June 2008 was wet - lots of heavy rain and I suspect that has something to do with these cases. However, we have not had the usual rush of samples that follows a positive diagnosis and those that have come have been negative. So, it does not appear to be blowing up like 2005 and 2000. On another note we have had a bit of tularemia pop up in the western and central part of the state lately. We had 4 cases in 2006, none last year, and now one already this year. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

E. COLI O157, GROUND BEEF, SUSPECTED (OHIO, MICHIGAN): 25 Jun 2008. The CDC said on 24 June 2008 outbreaks of *E. coli* O157:H7 in Michigan and Ohio are linked, and health officials in both states suspect the outbreak was caused by ground beef. Health officials in Michigan said Tuesday 24 June 2008 more than half of the 15 people in the state with confirmed *E. coli* cases reported purchasing ground beef from Kroger Food Stores, the largest USA grocery chain. "We were notified today that *E. coli* illnesses reported in Michigan and Ohio have been linked to products purchased in some of our stores in those states," said Kroger spokeswoman Meghan Glynn. She said the illnesses were reported between 31 May 2008 and 8 June 2008. "Any ground beef sold during that period is no longer available in our stores," Glynn said. Glynn said Ohio and Michigan health authorities have not identified the supplier or the specific type of ground beef that caused the illnesses. "We purchase our ground beef from major suppliers in the industry and we are working with federal, state, and local agencies to identify the supplier," she said. As of 23 June 2008, the CDC said it had confirmed 24 cases of *E. coli* that shared the same genetic fingerprint and characteristics, indicating they were related. Of those 24, the CDC said 11 cases were reported in Michigan and 13 in Ohio; 14 people have been hospitalized, and one has developed a type of kidney failure called hemolytic-uremic syndrome. No deaths have been reported. Kristopher Weiss, a spokesman for the Ohio health department, said there are now 17 cases in Ohio and the state is investigating 2 additional probable cases. Michigan health officials said there are 15 confirmed cases that are genetically linked and 10 of those people have been hospitalized. Kroger's spokeswoman said concerned customers in Michigan and Ohio, especially near the cities of Columbus and Toledo, should discard any ground beef in their freezers purchased in late May or early June 2008. Weiss said a sample of raw ground beef provided by one of the infected patients in Ohio tested positive for *E. coli* O157:H7 at the state's agricultural lab. That sample has been forwarded to the Ohio Department of Health for testing. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

UNIDENTIFIED VIRUS, FATAL, CHILDREN (INDIA): 23 Jun 2008. At a time when the state health department is groping in the dark about the reason behind the deaths of 13 children over a span of 6 days at Karandighi in North Dinajpur, an experts' team from the National Institute of Cholera and Enteric Diseases (NICED) and the city-based virus unit of the Indian Council of Medical Research (ICMR) suspected a new strain of virus has hit the area. "We have tried to find out the exact cause behind the deaths of the children. But the symptoms suggest that the disease is neither measles nor Japanese encephalitis, which were primarily suspected to be the cause of deaths. It is probably a new strain of virus, which can be confirmed only after detailed test of viscera samples at the National Institute of Virology (NIV), Pune," said an expert who visited the area. Earlier, the state health department had suspected measles was causing children deaths in the area. But as the experts' teams made it clear that measles was not the cause of deaths, the state health department is now facing a real trouble. A team from the NIV will visit the area soon. Dr MK Bhattacharya, additional director of NICED and ICMR's city-based virus unit, said: "Convulsion is the main symptom of the disease. And the patient is dying within a short span of time. We have collected one sample, which will be sent to NIV soon. It appears that the disease is caused by a new strain of virus. It could be confirmed by the NIV after detailed examination of the sample." "So far, it can be said that as the victims had no record of high temperature or rashes, it can't be measles. Similarly, as only children between the age group of 1-6 years are falling victim to the disease, it can't be Japanese encephalitis or Nipah virus. All these suggest it is perhaps a new strain of virus, which is yet to be diagnosed," he added. (Emerging Infectious Diseases are in Category C on the CDC list of Critical Biological Agents) *Non-suspect

ANTHRAX, BOVINE (ARGENTINA): 26 Jun 2008. Two animals in a herd of 30 Aberdeen Angus cattle were found dead from anthrax, with blood extravasation from the body orifices. The herd is in the Olavarria Partido district, Province of Buenos Aires, zona Pourtales. Anthrax had been seen in this zone in 1969. The herd had not been vaccinated prior to this outbreak. The weather has been very dry and there is therefore little grazing. There are no human cases associated with this outbreak. The Veterinary Services dealt with the carcasses in the standard way with 5 percent formaldehyde, covering it with lime over which a thick plastic tarpaulin has been placed and weighted down awaiting the carcass's decomposition. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS, HOTEL (ITALY): 26 Jun 2008. A total of 13 British tourists were sealed off in isolation in an Italian hospital after being diagnosed with a "virulent" strain of Salmonella. Police were also investigating whether the same infection led to the death of a 71-year-old man, from Evesham, Worcestershire on Monday 23 June 2008. "We have sealed off the patients because they have been diagnosed with a severe strain of salmonella," said Dr Lucio Dalfini, the director of health at Gavardo Hospital. "No one has been allowed in or out. They are all relatively elderly and we are worried in case an infection spreads." Thirty British tourists complained of feeling ill following dinner on Saturday June 21, 2008 at their hotel in Lake Garda, the 4-star Grand Hotel Gardone. Dr Dalfini said the hospitalized tourists would probably be discharged in 2 to 3 days and that none is in critical condition. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (INDIA): 26 Jun 2008. Of the 500 blood samples collected from the suspected chikungunya cases in Dakshina Kannada district, as many as 78 have been tested positive, according to District Health Officer (DHO) Dr. Jagannath. Speaking to Deccan Herald, he said: "We have sent another batch of blood samples to the National Virology department at Bangalore and waiting for the results." Spiking the media reports on deaths due to chikungunya in Sullia and Puttur taluks, he said: "I have collected the medical reports of the 12 persons who died recently in Sullia and Puttur taluks. We have even conducted post mortem on one person. The report stated that they died of other ailments like renal failure, acute respiratory problems and so on." "In spite of repeatedly saying that chikungunya is not fatal, the media reports continue to say that people died of chikungunya," he regretted. It may be recalled that the 1st chikungunya suspected cases were reported from Sullia. Later, it began to spread to Puttur, Belthangady, Bantwal, Mangalore and Moodabidri taluks. Though the number of outpatients has declined in Sullia taluk, the suspected chikungunya cases are on rise in Bantwal and Mangalore taluk. In Mangalore taluk alone, there are nearly 19 000 cases, the DHO stated. According to unconfirmed reports, the suspected chikungunya cases have crossed 50 000 in the entire district besides the neighboring Kasargod district in Kerala. The district administration with the help of 5 medical colleges has initiated measures to check the spread of chikungunya. Fogging and spraying has been undertaken in the affected areas. (Emerging Infectious Diseases are in Category C on the CDC list of Critical Biological Agents) *Non-suspect

CHIKUNGUNYA (MALAYSIA): 28 Jun 2008. A total of 34 plantation workers from a rubber estate in Segamat are suspected to be down with chikungunya fever. While many received outpatient treatment for the mosquito-transmitted fever, at least 14 have been warded at the Segamat Hospital since the outbreak was detected about 12 days ago in Bukit Datuk Estate. Many of the workers have been suffering from fever, rashes and joint pains. This is the 2nd major outbreak in the state over the past 3 months. In April 2008, several villagers in Kampung Ulu Choh and Kampung Paya Mengkuang near elang Patah had contracted chikungunya. On the latest outbreak in Segamat, state Health department director Dr. Mohd Khairi Yakub said, "14 were admitted, but as of now we have 2 or 3 people still warded for observation. We have also taken at least 12 samples and have sent it for further tests to confirm whether it was chikungunya fever," he said. He urged the public not to panic. "The situation is under control," he said, adding that the fever was not life-threatening. Dr. Mohd Khairi said a medical team had been sent to the area to conduct house-to-house checks to treat the sufferers

after it came to light on 16 Jun 2008 that several workers were showing symptoms of chikungunya. The estate management was cleaning up the area, as there were a lot of mosquitoes in the area. State omen, Family, Community Development and Health Committee chairman Dr. Robia Kosai advised people to keep their living and work surroundings clean. "Unlike dengue fever, Chikungunya is not fatal," she said, advising anyone who was down with fever to seek medical treatment immediately. The health department officials were fogging the area while the estate authorities had carried out a campaign to clear the estate of potential mosquito breeding grounds. (Emerging Infectious Diseases are in Category C on the CDC list of Critical Biological Agents) *Non-suspect

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Investigation of Outbreak of Infections Caused by *Salmonella Saintpaul*

Updated information on the recent outbreak of human *Salmonella* infections associated with consumption of raw tomatoes. (<http://www.cdc.gov/salmonella/saintpaul/>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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